

**ATTENDANCE**

**WEEK BEGIN AND END DATE:** \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

**CHILD CARE PROGRAM:** \_\_\_\_\_ **ROOM:** \_\_\_\_\_ **AGE RANGE:** \_\_\_\_\_

NAME OF CHILD (FIRST AND LAST)	DOB	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		PARENT/GUARDIAN SIGNATURE
		ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
15.												

**A PARENT OR GUARDIAN'S SIGNATURE IS REQUIRED**

CHILD ATTENDANCE RECORDS MUST AT ALL TIMES, REFLECT THE ACTUAL ARRIVAL AND DEPARTURE TIME.

I CERTIFY THAT THE INFORMATION ON THIS ATTENDANCE SHEET IS TRUE AND ACCURATE. KEEP THIS COPY FOR YOUR RECORDS FOR 7 YEARS AND REMEMBER TO BILL WEEKLY

CHILD CARE PROVIDER'S SIGNATURE \_\_\_\_\_